

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212538469				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: The American College of Radiology Foundation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: THOMAS R HOFFMAN 1891 PRESTON WHITE DR RESTON, VA 20191-4397</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: IL</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2012</p> <p>SCC ID NO: F1019647</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED		
CLASS	AUTHORIZED					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1891 PRESTON WHITE DRIVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: RESTON, VA 20191-5431</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: PAUL A LARSON MD TITLE: VICE PRESIDENT ADDRESS: RADIOLOGY ASSOCIATES. 27005 76TH AVE 2ND FLOOR CITY/ST/ZIP/CO: NEENAH, WI 54956 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 25%;"></td> </tr> </table>			NAME: PAUL A LARSON MD TITLE: VICE PRESIDENT ADDRESS: RADIOLOGY ASSOCIATES. 27005 76TH AVE 2ND FLOOR CITY/ST/ZIP/CO: NEENAH, WI 54956	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JOHN A. PATTI MD TITLE: PRESIDENT ADDRESS: 11 WILLARD LN CITY/ST/ZIP/CO: LYNNFIELD, MA 01940-1735 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 25%;"></td> </tr> </table>			NAME: JOHN A. PATTI MD TITLE: PRESIDENT ADDRESS: 11 WILLARD LN CITY/ST/ZIP/CO: LYNNFIELD, MA 01940-1735	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME:	KIMBERLY E APPEGATE, MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE SPEAKER		
ADDRESS:	Emory University School of Medicine 1364 Clifton Road, NE, Suite D112		
CITY/ST/ZIP/CO:	ATLANTA, VA 30322		
NAME:	ALBERT L BLUMBERG, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	GBMC Radiation Oncology 6701 N. Charles Street		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21204-6881		
NAME:	EDWARD I BLUTH, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Ochsner Medical Institutions 1514 Jefferson Highway		
CITY/ST/ZIP/CO:	New Orleans, LA 70121-2429		
NAME:	JAMES A BRINK, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Yale University School of Medicine		
CITY/ST/ZIP/CO:	New Haven, CT 06520-8042		
NAME:	CHERI L CANON, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	University of Alabama at Birmingham		
CITY/ST/ZIP/CO:	Birmingham, AL 35249-6830		
NAME:	PHILIPI S COOK, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Cook Diagnostic and Interventional Radiology		
CITY/ST/ZIP/CO:	SARASOTA, FL 34236		
NAME:	GERALD D DODD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UNIV OF CO SCHOOL OF MEDICINE 12401 E 17TH ST		
CITY/ST/ZIP/CO:	AURORA, CO 80045		
NAME:	BURTON P DRAYER, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MOUNT SIANAI MEDICAL CENTER 1 Gustave L Levy Pl Fl 121 GUSTAVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10029		
NAME:	HOWARD B FLEISHON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	NORTH MOUNTAIN RADIOLOGY GROUP 250 E DUNLAP		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85020		
NAME:	RICHARD A GEISE, PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Abbott Northwestern Hospital		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55407		

NAME:	MARTA HERNANZ-SCHULMAN, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Vanderbilt Children 2200 Children		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37232-9700		
NAME:	BRUCE HILLMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UVA RADIOLOGY RESEARCH Box 801339		
CITY/ST/ZIP/CO:	Charlottesville, VA 22908		
NAME:	PETER JOHNSTONE, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Indiana University School of Medicine		
CITY/ST/ZIP/CO:	Indianapolis, IN 46202		
NAME:	ALAN D KAYE, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Bridgeport Hospital 267 Grant Street		
CITY/ST/ZIP/CO:	Bridgeport, CT 06610-2870		
NAME:	DAVID C KUSHNER, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2020 Canal Road		
CITY/ST/ZIP/CO:	Virginia Beach, VA 23451		
NAME:	DEBORAH LEVINE, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Beth Israel-Deaconess Medical Center		
CITY/ST/ZIP/CO:	Boston, MA 02215-5400		
NAME:	JONATHAN S LEWIN, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	JOHNS HOPKINS MEDICINE 601 N Caroline Street, Ste 4210		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21287-0842		
NAME:	LAWRENCE A LIEBSCHER, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Cedar Valley Medical Specialists		
CITY/ST/ZIP/CO:	Waterloo, IN 50701-9086		
NAME:	GERALDINE B MCGINTY, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Nassau Radiologic Group		
CITY/ST/ZIP/CO:	Garden City, NY 11530-4504		
NAME:	CAROLYN MELTZER, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Emory University Hospital		
CITY/ST/ZIP/CO:	ATLANTA, GA 30322		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA MONSEES, MD DIRECTOR Mallinckrodt Institute of Radiology Saint Louis, MO 63110-1076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBRA L MONTICCILO, MD DIRECTOR Scott and White Clinic TEMPLE, TX 76508-0001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. ELIZABETH OATES, MD DIRECTOR University of Kentucky 800 Rose Street, HX-307B Lexington, KY 40536-0283	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA S SHERRY, MD DIRECTOR Presbyterian Hospital of Dallas DALLAS, TX 75231	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN A. PATTI MD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN A. PATTI MD, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/4/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			